

GREAT DANE RESCUE OF NEW ENGLAND, INC.

ADOPTION QUESTIONNAIRE 5-13

*Please return with a \$25 Non-refundable donation
This is to help all our current DANES in NEED!!
(Please make check payable and mail to:)*

*Great Dane Rescue of New England, Inc.
(GDRNE)
PO Box 100083
Cranston, RI 02910-0061*

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Work Phone# _____

What is the best time to contact you _____

Email _____

How did you hear about our rescue organization? _____

Members of Household and Ages: Adults _____ Children _____

Occupations: _____

Employer: _____ How long at current job: _____

Have you ever owned a Great Dane? _____ Do you own a Great Dane now? _____

Have you ever surrendered an animal to a shelter or rescue? ___ If yes, please explain:

Do you have people and or animals that visit your home on a regular basis? If yes, (please explain)

Is there anyone in your home with any animal related allergies? If yes, (please explain)

Have you or anyone in your home, family member or a visitor that comes to your home regularly ever been convicted or charged with cruelty to animals? If yes, (please explain)

Are you currently working with any another rescues? _____ If so, which one(s)?

What kind of home do you live in? (Check One): Single Family Condo/Townhouse
 Apartment Multi-Family/Duplex Other(Explain) _____

What type of neighborhood do you live in? (Check One): Suburb Urban Rural

Do you have a fenced in back yard? _____ if yes, (Explain) (height, material type, etc.)

Do you own or rent? _____ If you rent, we will need a letter from your landlord, giving you permission to own or a Great Dane. Please provide the Name, Address, Email (if applies) and Phone Number of the Landlord.

Name: _____ Phone Number: _____

Address: _____

How many hours will the dog be alone each day? _____

Where will the dog spend most of the day? (Note-we do not allow our dogs to be kenneled outside of left outside) _____

If indoors alone (free roam, crate, limited space, etc.):

Where will the dog sleep at night?

If you work full-time, how will bathroom breaks be managed?

How do you plan to exercise your dog?

Are you aware that Great Danes are prone to, but not limited to: Bloat, Hip Dysplasia, Cardiomyopathy, and Hypothyroidism, an emergency visit for Bloat can cost over \$2500?

Are you aware that medication for a Dane is more expensive due to their size?

If you and your family go away from home overnight or on vacation, what will you do with your Dane?

Why do you feel a Rescue Dane is the right choice for you? _____

Would you consider a Rescue Dane with a medical, health or physical, etc. disability? _____

We understand that you may have a preference of what kind of Dane you would like, however, we place our Danes based on compatibility with you, your family and your lifestyle. It is not based on color, age, ears, or gender, etc.

Please list the names, breed, gender, age and whether or not your pet is up to date (UTD) on their vaccinations and if there are any medical conditions:

Name: _____ Breed: _____ Gender: _____ Age: _____ UTD: _____
Spayed/Neutered: _____ Medical Conditions: _____

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Spayed/Neutered: _____ Medical Conditions: _____

Do your current animals have any type of behavioral problems: (Ex: food aggression, reactive or aggressive behavior, resource guarding, etc.) _____

How many dogs have you owned in the past 5 years and if they are not with you anymore please explain? _____

Personal Reference

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Relationship to the applicant: _____

Years acquainted: _____

Veterinarian Information (also, list past pets)

Name: _____

Address _____

Home Phone: _____

Fax Number: _____

E-mail: _____

Doctor's Name: _____

Years acquainted: _____

BELOW APPLIES TO ALL APPLICANTS

MEDICAL RELEASE

By submitting this form, I hereby authorize the Doctor of Veterinary Medicine, to disclose and/or release to **Great Dane Rescue of New England, Inc.**, its agents, successors or assigns, either verbally or in writing, complete information concerning his or her medical findings, treatments and records about any animals for which I have sought care and/or treatment from the so named Doctor of Veterinary Medicine. (***)Please contact your vet to let them know we will be calling. They may require your permission before speaking with us. (***)). By signing below, I certify that the above information is true and correct.

LIABILITY RELEASE AND WAIVER *Application cannot be processed without acceptance of this waiver.*

We have voluntarily contacted the Great Dane Rescue of New England, Inc. (hereinafter **GDRNE**), and have expressed an interest in volunteering/fostering a dog in the care and custody of the **GDRNE**. In consideration of **GDRNE'S**'s agreement to allow me to view or interact with such dogs, I hereby, for myself, my heirs and my personal representatives, represent and warrant as follows:

1. I am fully aware of the risks that dogs pose and have elected to view and/or interact with one or more dogs in the care of **GDRNE**. I knowingly assume all risks that exposure to dogs may pose, including but not limited to, serious bodily injury and/or death.
2. I hereby waive, release, discharge, hold harmless, and promise to indemnify and not to bring suit against **GDRNE**., its directors, officers, volunteers, staff, and all other agents, and attorneys for any of the referenced parties, and any other parties acting for, or on behalf of any of the referenced parties, from any and all rights and claims which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my exposure to such dogs. If any suit/charges are brought on while any "Rescue Dogs" are in my custody I am fully responsible for all fees accrued and responsible for the actions of said dog while it is in my care.
3. I certify that the information contained herein is true and if found to be false, my application can be refused by **GDRNE** and/or may reclaim their Rescue Dane without a refund of monies paid.
4. I understand that by filling out this form, **GDRNE** is not obligated to accept my application.

Applicants MUST be 21 years of age or older. ALL MEMBERS OF THE HOUSEHOLD 18 YEARS AND OLDER MUST SIGN THIS APPLICATION. Also by signing below you agree that all materials/objects/supplies including but not limited to forms, collars, crates, etc provided to the volunteer/foster (for events/foster/volunteer purposes) will be returned within 24 hours of a Director asking for them verbally or written.

Signature: _____ **Printed name:** _____ **Date:** _____

Signature: _____ **Printed name:** _____ **Date:** _____

Please sign and return to the following address:

**Great Dane Rescue of New England (GDRNE)
PO Box 100083
Cranston, RI 02910-0061**